Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Manuel First name D. Middle name Estevez Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	,	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6433	

Del	btor 1 Manuel D. Estevez	2	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	2460 111 at Stroot Apt 1	If Debtor 2 lives at a different address:
		3460 111st Street, Apt. 1 Corona, NY 11368 Number, Street, City, State & ZIP Code	Number Street City State 9 7ID Code
		Queens	Number, Street, City, State & ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Manuel D. Estevez	•				Case number	(if known)	
Par	t 2: Tell the Court About Y	our Bankrı	uptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are			rief description of each, see go to the top of page 1 and c			42(b) for Individuals Filii	ng for Bankruptcy
	choosing to file under	☐ Chapte	r 7					
		☐ Chapte	r 11					
		☐ Chapte	r 12					
		■ Chapte	r 13					
8.	How you will pay the fee	abou orde	it how you	entire fee when I file my pour may pay. Typically, if you a attorney is submitting your pay address.	re paying the fe	ee yourself, you ma	ay pay with cash, cashie	er's check, or money
		☐ I nee	ed to pay	the fee in installments. If y	ou choose this	option, sign and a	ttach the Application for	⁻ Individuals to Pay
		☐ I req	uest that s not requ	e in Installments (Official For t my fee be waived (You ma uired to, waive your fee, and	y request this o	if your income is le	ess than 150% of the of	fficial poverty line that
				rr family size and you are una In to Have the Chapter 7 Filin				
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes.						
	•		District		When		Case number	
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			i	Relationship to you	
			District		When	(Case number, if known	
			Debtor			I	Relationship to you	
			District		When	(Case number, if known	
11.	Do you rent your residence?	■ No.	Go to li	ne 12.				
	residence:	☐ Yes.	Has you	ur landlord obtained an evict	on judgment ag	gainst you and do y	you want to stay in your	residence?
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statemen</i> bankruptcy petition.	t About an Evic	tion Judgment Aga	ainst You (Form 101A) a	and file it with this

Deb	tor 1 Manuel D. Esteve	Z			Case number (if known)
Part	Report About Any Bu	sinesses	You Owr	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
	Madifieds.	☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	x to describe your business:
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you ir is, cash-fl	ndicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Pari	4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention
	Do you own or have any	■ No.		and the point of the party of t	,
	property that poses or is alleged to pose a threat	□ Yes.			
	of imminent and identifiable hazard to	L Tes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Manuel D. Estevez Case number (if known)

Part 5: Explain Your Effor

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Manuel D. Esteve	Z		Case num	nber (if known)
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
	What kind of debts do you have?	16a.	Are your debts primarily consu individual primarily for a personal,		defined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ess debts? Business debts are debent or through the operation of the b	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe th	nat are not consumer debts or busir	ness debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. G	o to line 18.	
	Do you estimate that after any exempt	☐ Yes.		ou estimate that after any exempt pole to distribute to unsecured creditor	roperty is excluded and administrative expenses ors?
	administrative expenses		□ No		
	be available for		□Yes		
	distribution to unsecured creditors?				
18.		1 -49		1 ,000-5,000	□ 25,001-50,000
	after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured	□ 50-99		☐ 5001-10,000 ☐ 40,004,05,000	☐ 50,001-100,000
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$		■ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			.001 - \$500,000 .001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
				— \$100,000,001 \$000 Hillion	
20.	How much do you estimate your liabilities	□ \$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?	_ ' '	001 - \$100,000 ,001 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
		_	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	kamined this petition, and I declare	under penalty of perjury that the inf	ormation provided is true and correct.
					ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
			rney represents me and I did not pant, I have obtained and read the not		not an attorney to help me fill out this
		I request	relief in accordance with the chapt	er of title 11, United States Code, s	pecified in this petition.
		bankrupt and 357	tcy case can result in fines up to \$2 1.		by or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
			uel D. Estevez D. Estevez	Signature of Del	otor 2
			e of Debtor 1	C.g. Marca of Doi	
		Executed		Executed on	
			MM / DD / YYYY	<u>_</u>	MM / DD / YYYY

Debtor 1 Manuel D. Esteve	z	Case	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Ur	nited States Code, and have ex	nformed the debtor(s) about eligibility to proceed kplained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.		ledge after an inquiry that the information in the
	/s/ Amy Berkowitz-Ortiz	Date	April 8, 2016
	Signature of Attorney for Debtor		MM / DD / YYYY
	Amy Berkowitz-Ortiz Printed name		
	Amy Berkowitz-Ortiz, Attorney at La	w	
	1225 Franklin Avenue		
	Suite 325		
	Garden City, NY 11530		
	Number, Street, City, State & ZIP Code		
	Contact phone 516-791-1177	Email address	aboesq@optonline.net
	AB8124		
	Bar number & State		

Fill	in this inform	ation to identify your	case:				
Deb	tor 1	Manuel D. Esteve	z				
Deb	tor 2	First Name	Middle Name	Last Name			
	use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Ban	kruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK			
Cas (if kno	e number					_	c if this is an
						amon	aca ming
∩ff	icial For	m 106Sum					
			and Liabilities ar	nd Certain Statistical II	nformation		12/15
Be as infor your	s complete ar mation. Fill or original form	nd accurate as possib ut all of your schedule s, you must fill out a	le. If two married people es first; then complete the	e are filing together, both are equa- ne information on this form. If you k the box at the top of this page.	ally responsible fo		
Part	1: Summa	rize Your Assets				Your a	
						Value o	of what you own
1.	Schedule A/I 1a. Copy line	B: Property (Official Fo 55, Total real estate, for	orm 106A/B) om Schedule A/B			\$	1,250,000.00
	1b. Copy line	62, Total personal prop	perty, from Schedule A/B.			\$	10,500.00
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	1,260,500.00
Part	2: Summa	rize Your Liabilities					
							abilities t you owe
2.			aims Secured by Property nn A, <i>Amount of claim,</i> at	(Official Form 106D) the bottom of the last page of Part	of Schedule D	\$	733,313.93
3.	Schedule E/F 3a. Copy the	: Creditors Who Have total claims from Part	Unsecured Claims (Official (Official (Priority unsecured clain)	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured o	claims) from line 6j of Schedule E/F.		\$	3,468.00
				Yo	ur total liabilities	\$	736,781.93
Part	3: Summa	rize Your Income and	Expenses				
4.		our Income (Official Fo		ə I		\$	6,569.80
5.	Schedule J: \Copy your mo	Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>			\$	4,942.70
Part	4: Answer	These Questions for	Administrative and Stat	istical Records			
6.	Are you filing	g for bankruptcy unde	er Chapters 7, 11, or 13?	•			
	☐ No. You	have nothing to report	on this part of the form. C	check this box and submit this form t	to the court with you	ur other scl	nedules.
7.	YesWhat kind of	debt do you have?					
				debts are those "incurred by an indigent for statistical purposes. 28 U.S.C		a personal	family, or
	☐ Your de	bts are not primarily	consumer debts. You ha	ve nothing to report on this part of the		s box and s	ubmit this form to
Ott:	the cour	t with your other sched		ilitian and Cartain Statistical Infor			2000 1 of 2

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of 2

Debtor 1 Manuel D. Estevez Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,738.70

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our case and th	is filing	:				
Debtor 1	Manuel D. Est							
Dobtor 2	First Name	Middle	Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name				
Jnited States B	Bankruptcy Court for th	ne: EASTERN	DISTRI	CT OF NEW YORK				
Case number								Check if this is an amended filing
Schedu n each category,		scribe items. List a		only once. If an asset fits in more than one married people are filing together, both are				
formation. If monswer every que	ore space is needed, at estion.	tach a separate sh	eet to th	nis form. On the top of any additional pages				
Part 1: Describe	be Each Residence, Buil	iding, Land, or Otr	ier Keai	Estate You Own or Have an Interest In				
. Do you own or	r have any legal or equi	itable interest in a	ny reside	ence, building, land, or similar property?				
			-					
☐ No. Go to Pa	art 2.		-					
□ No. Go to Pa ■ Yes Where								
_	art 2.							
_								
Yes. Where			What	is the property? Check all that apply				
Yes. Where			What	is the property? Check all that apply Single-family home				exemptions. Put
Yes. Where	e is the property?	iption	_		the amount	of any secure	d claim	s on Schedule D:
Yes. Where	e is the property?	iption		Single-family home	the amount	of any secure	d claim	
Yes. Where	e is the property?	iption		Single-family home Duplex or multi-unit building	the amount Creditors W	of any secure /ho Have Clair	d claim ms Sec	s on Schedule D: cured by Property.
Yes. Where	e is the property?	iption		Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secure /ho Have Clair lue of the	d claim ms Sec Curr	s on Schedule D:
Yes. Where 1.1 3460 111 Street address	e is the property? Ith Street ss, if available, or other descri		_ _ _	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount Creditors W Current val entire prop	of any secure /ho Have Clair lue of the	d claim ms Sec Curr	s on Schedule D: cured by Property.
Yes. Where	e is the property? Ith Street ss, if available, or other descri	11368-0000	0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current valentire prop	of any secure the Have Clair due of the erty?	d claim ms Sec Curi port	s on Schedule D: nured by Property. rent value of the ion you own?
Yes. Where	e is the property? Ith Street ss, if available, or other descri	11368-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other two family home	Current valentire prop \$80 Describe th (such as fe	of any secure the Have Clain tue of the terty? 0,000.00 the nature of y the simple, ten	d claimms Sec	is on Schedule D: rured by Property. rent value of the ion you own? \$800,000.00
Yes. Where	e is the property? Ith Street ss, if available, or other descri	11368-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current valentire prop \$80 Describe th (such as fe a life estate)	of any secure the Have Clair tue of the lerty? 10,000.00 The nature of yee simple, ten e), if known.	Curr port	rent value of the ion you own? \$800,000.00 vnership interest
Yes. Where	e is the property? Ith Street ss, if available, or other descri	11368-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other two family home has an interest in the property? Check one	Current valentire prop \$80 Describe th (such as fe a life estate fee - own	of any secure the Have Clair tue of the lerty? 10,000.00 The nature of yee simple, ten e), if known.	Curr port	rent value of the ion you own? \$800,000.00 vereship interest by the entireties, or
Yes. Where 1.1 3460 111 Street address Corona City	e is the property? Ith Street ss, if available, or other descri	11368-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other two family home has an interest in the property? Check one Debtor 1 only	Current valentire prop \$80 Describe th (such as fe a life estate fee - owr Estevez	of any secure the Have Clair the Have of the erty? 10,000.00 The nature of ye is simple, ten e), if known. This jointly very simple that is the control of the end	Curriport your owancy b	rent value of the ion you own? \$800,000.00 whership interest by the entireties, or other Jaime
Yes. Where	e is the property? Ith Street ss, if available, or other descri	11368-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other two family home has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current valentire prop \$80 Describe th (such as fe a life estate fee - owr Estevez	of any secure the Have Clair tue of the lerty? 10,000.00 The nature of yee simple, ten e), if known.	Curriport your owancy b	rent value of the ion you own? \$800,000.00 whership interest by the entireties, or other Jaime

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1 Manue	I D. Estevez	Case	number (if known)	
	If you own or	have more than one, list	here:		
1.2	1077 Kelly Av	/enue illable, or other description	What is the property? Check all that apply Single-family home Duplex or multi-unit building	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
	Bronx	NY	Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property?	Current value of the portion you own?
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Othertwo family Who has an interest in the property? Check one		\$450,000.00 your ownership interest nancy by the entireties, or
	County		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this itemproperty identification number:	Check if this is cor (see instructions) m, such as local	nmunity property
			These mortgage payments are current are made each month by sister who live		rtgage payments
			or all of your entries from Part 1, including any t number here		\$1,250,000.00
3. C :	ars, vans, trucks No Yes	s, tractors, sport utility vehicl	es, motorcycles ther recreational vehicles, other vehicles, and a		
Ex	•	•	raft, fishing vessels, snowmobiles, motorcycle acc		
			or all of your entries from Part 2, including any number here		\$0.00
Part	3: Describe You	r Personal and Household Items			
Do y	ou own or have	e any legal or equitable intere	st in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	<i>xamples:</i> Major a I No	s and furnishings appliances, furniture, linens, chi	na, kitchenware		
	Yes. Describe.				4
		Debtor's miscellan	ous household goods and furnishings		\$2,500.00

Official Form 106A/B Schedule A/B: Property page 2

D	ebtor 1	Manuel D. Estevez		Case number (if known)	
7.	Electron Example No	es: Televisions and radios	s; audio, video, stereo, and digital equ cameras, media players, games	ipment; computers, printers, scanners; music c	ollections; electronic devices
		Describe			
8.		oles of value es: Antiques and figurines other collections, men		ooks, pictures, or other art objects; stamp, coin,	or baseball card collections;
	☐ Yes.	Describe			
9.		ent for sports and hobb es: Sports, photographic, musical instruments		; bicycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
	_	Describe			
10	■ No		ns, ammunition, and related equipme	nt	
11	. Clothes	s	rs, leather coats, designer wear, shoe	s, accessories	
	□ No ■ Yes.	Describe	•		
		Debto	or's clothing		\$1,000.00
	■ No □ Yes. Non-fai	les: Everyday jewelry, co Describe rm animals		dding rings, heirloom jewelry, watches, gems, g	old, silver
	■ No	les: Dogs, cats, birds, ho	rses		
14	■ No	ner personal and house Give specific information		including any health aids you did not list	
1:			your entries from Part 3, including here	any entries for pages you have attached	\$3,500.00
		scribe Your Financial Asse			
D	o you ow	n or have any legal or e	equitable interest in any of the follo	wing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16	□ No		our wallet, in your home, in a safe dep	posit box, and on hand when you file your petition	on
	- res			Debtor's cash	
				on hand	\$50.00

Official Form 106A/B Schedule A/B: Property page 3

De	ebtor 1	Manuel D. Estevez	Case number (if known)	
17	Denosi	its of money		
		oles: Checking, savings, or other financial acc	counts; certificates of deposit; shares in credit unions, brokerage house	s, and other similar
	п	institutions. If you have multiple accoun-	ts with the same institution, list each.	
	□ No		Institution name:	
	■ Yes			
			Debtor's bank account at Chase ending in	
		17.1.	#6201	\$250.00
18.	Bonds	, mutual funds, or publicly traded stocks		
	,	oles: Bond funds, investment accounts with b	rokerage firms, money market accounts	
	■ No			
	☐ Yes	Institution or issue	r name:	
19.	Non-pu	ublicly traded stock and interests in incor	porated and unincorporated businesses, including an interest in a	n LLC, partnership, and
		enture	,	.,,
	■ No			
	☐ Yes.	Give specific information about them		
		Name of entity:	% of ownership:	
20.	Govern	nment and corporate bonds and other neg	otiable and non-negotiable instruments	
			ashiers' checks, promissory notes, and money orders.	
	_	egotiable instruments are those you cannot ti	ransfer to someone by signing or delivering them.	
	■ No	Observation of the test and the second the second		
	☐ Yes.	Give specific information about them Issuer name:		
		issuer name.		
21.		ment or pension accounts		
	_ `	oles: Interests in IRA, ERISA, Keogh, 401(k),	403(b), thrift savings accounts, or other pension or profit-sharing plans	
	■ No	Pat and a second an anataly		
	⊔ Yes.	List each account separately. Type of account:	Institution name:	
		Type of account.	mattation name.	
22.		ty deposits and prepayments	Abot and a section of the secti	
			so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companies, c	or others
	□ No		, , , , , , , , , , , , , , , , , , ,	
	Yes.		Institution name or individual:	
		Rent	Security Deposit for tenant	\$1,700.00
23.	Annuit	ies (A contract for a periodic payment of mor	ney to you, either for life or for a number of years)	
	■ No			
	☐ Yes	Issuer name and description.		
24	Interest	s in an education IRA in an account in a	qualified ABLE program, or under a qualified state tuition program	n
27.		C. §§ 530(b)(1), 529A(b), and 529(b)(1).	quamiou /12_2 program, or anaor a quamiou otato tanton program	
	■ No			
	☐ Yes	Institution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	
٥.	Turrete	amitable or future interests in preparty	(athor then enything listed in line 4) and rights or nevers every	able for very benefit
25.	■ No	, equitable or ruture interests in property ((other than anything listed in line 1), and rights or powers exercisa	ble for your benefit
		Give specific information about them		
	□ 1es.	Give specific information about them		
26.		s, copyrights, trademarks, trade secrets, a		
		oles: Internet domain names, websites, proce	eeds from royalties and licensing agreements	
	■ No	Other amount for the first of the state of t		
	⊔ Yes.	Give specific information about them		
27.	Licens	es, franchises, and other general intangib	oles	
	Examp	oles: Building permits, exclusive licenses, coo	operative association holdings, liquor licenses, professional licenses	
	■ No			
	☐ Yes.	Give specific information about them		

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1	Manuel D. Estevez		Case numbe	r (if known)	
Money or	property owed to you?			p D	urrent value of the ortion you own? o not deduct secured aims or exemptions.
□ No	funds owed to you Give specific information about the	em, including whether you already fil	ed the returns and the tax ye	ars	
		Possible tax refund from 201	5 tax return		\$5,000.00
■ No		y, spousal support, child support, ma	aintenance, divorce settlemer	nt, property settlen	nent
Examp ■ No	amounts someone owes you bles: Unpaid wages, disability insur benefits; unpaid loans you ma	rance payments, disability benefits, sade to someone else	sick pay, vacation pay, worke	ers' compensation	Social Security
Exam _l ■ No	sts in insurance policies ples: Health, disability, or life insura Name the insurance company of e	ance; health savings account (HSA); each policy and list its value.	credit, homeowner's, or rent	er's insurance	
	Company n	ame:	Beneficiary:		Surrender or refund value:
If you some of	terest in property that is due you are the beneficiary of a living trust, one has died. Give specific information	I from someone who has died expect proceeds from a life insuran	ce policy, or are currently ent	itled to receive pro	perty because
Examp ■ No	ples: Accidents, employment dispu	r not you have filed a lawsuit or n tes, insurance claims, or rights to su		t	
4. Other		ms of every nature, including cou	nterclaims of the debtor an	d rights to set of	f claims
85. Any fir No	Describe each claim nancial assets you did not alreace Give specific information	ly list			
36. Add 1	the dollar value of all of your ent	ries from Part 4, including any en		ached	\$7,000.00
Part 5: De	scribe Any Business-Related Proper	ty You Own or Have an Interest In. List	any real estate in Part 1.		
B7. Do you €		terest in any business-related propert	y?		

☐ Yes. Go to line 38.

Official Form 106A/B Schedule A/B: Property page 5

Debt	tor 1	Manuel D. Estevez		Case number (if known)	
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. C	Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		have other property of any kind you did not already list?			
		oles: Season tickets, country club membership			
	No				
ᆫ	I Yes.	Give specific information			
5 4	۸ طط ۴	he dollar value of all of your entries from Part 7. Write tha	t number bere		\$0.00
54.	Auu i	ne donar value of all of your entries from Fart 7. Write tha	t number nere		\$0.00
Part	Q.	List the Totals of Each Part of this Form			
Tait	0.	List the Totals of Lacri Fart of this Form			
55.	Part 1	: Total real estate, line 2			\$1,250,000.00
56.	Part 2	2: Total vehicles, line 5	\$0.00		
57.	Part 3	3: Total personal and household items, line 15	\$3,500.00		
58.	Part 4	l: Total financial assets, line 36	\$7,000.00		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	S: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$10,500.00	Copy personal property total	\$10,500.00
63	Total	of all property on Schedule A/B. Add line 55 + line 62			\$1 260 500 00

Official Form 106A/B Schedule A/B: Property page 6

Fi	ll in this inforn	nation to identify your ca	se:				
De	ebtor 1	Manuel D. Estevez					
_		First Name	Middle Name	L	ast Name		
	ebtor 2 couse if, filing)	First Name	Middle Name	L	_ast Name		
Ur	nited States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF N	EW Y	ORK		
Cs	ase number						
	known)					Check if this is an amended filing	
O	fficial Fo	rm 106C					
			perty You Cla	aim	as Exempt	4/1	ô
the need cas For spe any fun exe	property you li eded, fill out and se number (if kr reach item of ecific dollar an y applicable st nds—may be u emption to a p	sted on Schedule A/B: Prod attach to this page as malown). property you claim as exnount as exempt. Alterna atutory limit. Some exemplimited in dollar amount	perty (Official Form 106A/B) any copies of Part 2: Addition empt, you must specify th titively, you may claim the f aptions—such as those for t. However, if you claim an	as yonal Par nal Par ne amo full far n exen	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain I aption of 100% of fair market valu	one way of doing so is to state a eing exempted up to the amount of benefits, and tax-exempt retiremen	no t
Pa	art 1: Identif	y the Property You Claim	n as Exempt				
1.	Which set of	exemptions are you clai	ming? Check one only, eve	n if yo	our spouse is filing with you.		
	You are cla	aiming state and federal no	onbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	☐ You are cla	aiming federal exemptions.	. 11 U.S.C. § 522(b)(2)				
2.	For any prop	erty you list on Schedule	e A/B that you claim as exe	empt,	fill in the information below.		
		rief description of the property and line on Current v		Amount of the exemption you claim		Specific laws that allow exemption	
	Schedule A/B	that lists this property	portion you own Copy the value from Schedule A/B	Copy the value from Check only one box for each exemp			
		Street Corona, NY 113	\$800,000.00		\$165,550.00	NYCPLR § 5206	
	Queens Co Line from Sch	nedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
		iscellanous household	\$2,500.00		\$2,500.00	NYCPLR § 5205(a)(5)	
		furnishings nedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
	Debtor's cl	•	\$1,000.00		\$1,000.00	NYCPLR § 5205(a)(5)	
	Line from Sch	nedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
		sh on hand	\$50.00		\$50.00	NYCPLR § 5205(a)(9)	
	Line from Sch	nedule A/B: 16.1			100% of fair market value, up to any applicable statutory limit		
		ink account at Chase	\$250.00		\$250.00	NYCPLR § 5205(a)(9)	_
	ending in # Line from Sch	6201 nedule A/B: 17.1			100% of fair market value, up to		

Official Form 106C

any applicable statutory limit

De	btor 1 Manuel D. Estevez			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Rent: Security Deposit for tenant Line from Schedule A/B: 22.1	\$1,700.00		\$1,700.00	NYCPLR § 5205(g)	
	Line Holli Schedule PAB. 22.1			100% of fair market value, up to any applicable statutory limit		
	Possible tax refund from 2015 tax return	\$5,000.00		\$5,000.00	Debtor & Creditor Law § 283(1)	
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	,	
	Debtors checking account at Chase (account ending # 6201)	\$200.00		\$200.00	Debtor & Creditor Law § 283(1)	
	Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	203(1)	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover	3 years after that for ca	ises fi	,	,	
	П Yes					

Fill in this inform	nation to identify you	r case:			
Debtor 1					
Debior	Manuel D. Estev	Middle Name Last Name	9	-	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name Last Name	9	-	
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF NEW YORK			
Officed States Bar	ikiupicy Court for the.	EASTERN DISTRICT OF NEW YORK		-	
Case number					
(if known)				☐ Check	if this is an
				amend	ed filing
Official Form	<u>106D</u>				
Schedule	D: Creditors	Who Have Claims Secur	ed by Propert	Y	12/15
		f two married people are filing together, both are out, number the entries, and attach it to this form			
number (if known).		,	от што тор от шту шишто	a. pages,e year	
1. Do any creditors	have claims secured by	your property?			
☐ No. Check	this box and submit th	nis form to the court with your other schedules	s. You have nothing else	to report on this form.	
_	all of the information b	•	· ·	'	
		Delow.			
Part 1: List All	I Secured Claims		0.1	Column B	0.1.0
		nore than one secured claim, list the creditor separa			Column C
		a particular claim, list the other creditors in Part 2. a cal order according to the creditor's name.	As Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
macri as possible, in		sal order according to the creator's name.	value of collateral.	claim	If any
	oan Servicing		¢570 065 20	¢000 000 00	00.00
LLC		Describe the property that secures the claim:	\$570,865.28	\$800,000.00	\$0.00
Creditor's Name	1	3460 111th Street Corona, NY 11368			
60E46 Call	lastian Cantar				
Drive	lection Center	As of the date you file, the claim is: Check all tha	t		
Chicago, I	1 60693	apply.			
		Contingent			
Number, Street,	City, State & Zip Code	Unliquidated			
Who owes the del	ht? Check one	☐ Disputed Nature of lien. Check all that apply.			
_	St. Chook one.	_			
■ Debtor 1 only		An agreement you made (such as mortgage o car loan)	r secured		
☐ Debtor 2 only		,	,		
☐ Debtor 1 and De	,	☐ Statutory lien (such as tax lien, mechanic's lier	ገ)		
Check if this cla	ne debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Frist Mo	ortagae		
community del		Other (including a right to offset)	ortgage		
,					
Date debt was incu	irred 2000	Last 4 digits of account number 508	89		
	me Mortgage	Describe the property that secures the claim:	\$162,448.65	\$450,000.00	\$0.00
Creditor's Name	•	1077 Kelly Avenue Bronx, NY			
		As of the date you file, the claim is: Check all tha			
PO Box 24		apply.			
-	s, OH 43224	Contingent			
Number, Street,	City, State & Zip Code	Unliquidated			
Who owes the del	ht? Chack and	Disputed Nature of lien. Check all that apply.			
_	DE: CHECK ONE.	_			
■ Debtor 1 only		An agreement you made (such as mortgage o	r secured		
Debtor 2 only		car loan)			
Debtor 1 and De	-	Statutory lien (such as tax lien, mechanic's lier	า)		
_	ne debtors and another	Judgment lien from a lawsuit			
☐ Check if this cla community del		Other (including a right to offset)			
Januarity del					
Date debt was incu	rred 2003	Last 4 digits of account number 530	01		

Official Form 106D

Debtor 1	Manuel D. Es	stevez		Case number (if know)	
	First Name	Middle Name	Last Name	_	
Add the	dollar value of yo	ur entries in Column A on t	his page. Write that number here:	\$733,313.93	
	the last page of yat number here:	our form, add the dollar va	lue totals from all pages.	\$733,313.93	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this infor	mation to identify your	case:					
Debtor 1	Manuel D. Esteve	7					
200101	First Name	Middle Nam	е	Last Name			
Debtor 2	First Name	Middle Nam	•	Last Name			
(Spouse if, filing)							
United States Ba	ankruptcy Court for the:	EASTERN DIS	STRICT OF NE	W YORK			
Case number							
(if known)							Check if this is an
							amended filing
Official For	m 106F/F						
	E/F: Creditors W	ho Have I	Insecure	d Claims			12/15
					Part 2 for cre	editors with NONPRIORITY cl	
Schedule G: Exec Schedule D: Credi	utory Contracts and Unexpitors Who Have Claims Secuntinuation Page to this pag	ired Leases (Offic ured by Property.	cial Form 106G). If more space i	. Do not include s needed, copy	any creditor the Part you	Schedule A/B: Property (Offis with partially secured claim need, fill it out, number the dat Part. On the top of any additional parts.	ns that are listed in entries in the boxes on the
Part 1: List A	All of Your PRIORITY Un	secured Claims	s				
	tors have priority unsecured	d claims against	you?				
No. Go to	Part 2.						
☐ Yes.							
Part 2: List A	All of Your NONPRIORIT	Y Unsecured C	laims				
3. Do any credit	tors have nonpriority unsec	ured claims agai	nst you?				
☐ No. You ha	ave nothing to report in this pa	art. Submit this for	m to the court wi	th your other sch	edules.		
Yes.							
1 List all of you	ir nonnrigrity unsecured cla	aims in the alpha	hatical order of	the creditor who	n holds each	claim. If a creditor has more t	aan one nonpriority
unsecured cla	im, list the creditor separately	for each claim. For	or each claim list	ed, identify what	type of claim	it is. Do not list claims already i ority unsecured claims fill out th	ncluded in Part 1. If more
							Total claim
4.1 Chase		L	ast 4 digits of a	ccount number	3711		\$3,255.00
•	ty Creditor's Name		-				, , , , , , , , , , , , , , , , , , ,
	x 15153 igton, DE 19886	W	hen was the de	bt incurred?	2000		_
	Street City State Zlp Code	A	s of the date yo	u file, the claim	is: Check all	that apply	
Who inc	urred the debt? Check one.		·			117	
■ Debto	or 1 only		Contingent				
☐ Debto	or 2 only		Unliquidated				
☐ Debto	or 1 and Debtor 2 only		Disputed				
☐ At lea	st one of the debtors and and	other T	ype of NONPRIC	ORITY unsecure	d claim:		
☐ Chec	k if this claim is for a comm	_{nunity} [Student loans				
debt	aim subject to offset?		Obligations aris		aration agreer	ment or divorce that you did no	t
Is the cia	ann subject to onset?				na nlane and	other similar debts	
■ No □ Yes			•	Credit card			
⊔ res			Other. Specify	Cieuil Caro	purchase	7 3	

Official Form 106 E/F

Radiology Associates of Main Street	Last 4 digits of account number	1567	\$21
Nonpriority Creditor's Name	_		
5645 Main Street	When was the debt incurred?	2014	
Flushing, NY 11355	_		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify collection a	account	

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	T	otal Claim
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	3,468.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	3,468.00

Fill in this information to identify your case:								
Debtor 1	Manuel D. Esteve	PZ						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F NEW YORK					
Case number								
(if known)								

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

		Name, Number	, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	-				
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this infe	ormation to identify your	case.			
Debtor 1	Manuel D. Esteve				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for the:	EASTERN DISTRICT O			
Office Otates	bankruptey Court for the.	E/OTERIO DIOTRIOTO	T NEW TOTAL		
Case number (if known)					☐ Check if this is an amended filing
	orm 106H e H: Your Cod	ebtors			12/15
people are filir ill it out, and i	ng together, both are equ	ally responsible for supp boxes on the left. Attach	olying correct informat	ion. If more space is	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do you	have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona, C	California, Idaho, Louisiana	Nevada, New Mexico, Pu	erto Rico, Texas, Wash		ty states and territories include)
in line 2 a	gain as a codebtor only i D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
	umn 1: Your codebtor e, Number, Street, City, State and Z	P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt les that apply:
Name				☐ Schedule D, lir ☐ Schedule E/F, ☐ Schedule G, lir	line
Num City	ber Street	State	ZIP Code		
3.2 Name	е			_ ☐ Schedule D, lir ☐ Schedule E/F, ☐ Schedule G, lir	line
Num City	ber Street	State	ZIP Code	_	

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Eill	in this information to identify your	2200								
	otor 1 Manuel D. I									
_	otor 2 ouse, if filing)				_					
Uni	ted States Bankruptcy Court for th	e: EASTERN DISTRICT	OF NEW YORK							
	se number nown)		-					ed filing ent showir	ng postpetition ollowing date:	chapter
0	fficial Form 106I					Ī	/IM / DD/ \	YYYY		
S	chedule I: Your Ind	ome								12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you has separate sheet to this form. Describe Employment	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse de infor	is liv mati	ing with	you, incl t your sp	ude infori ouse. If m	mation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	_						
	employers.	Occupation	manager							
	Include part-time, seasonal, or self-employed work.	Employer's name	Met Food							
	Occupation may include student or homemaker, if it applies.	Employer's address	22 Atlantic Ave Brooklyn, NY	nue						
		How long employed t	here? <u>16 yea</u> ı	rs			_			
Esti spoi	mate monthly income as of the cuse unless you are separated. The or your non-filing spouse have me space, attach a separate sheet to	date you file this form. If	-				that perso	on on the li	•	
2.	List monthly gross wages, saldeductions). If not paid monthly,			2.	\$	1	,328.70	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	1.3	28.70	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Manuel D. Estevez	-	Cas	e number (if known)			
					or Debtor 1		r Debtor 2 or n-filing spouse	
	Copy	y line 4 here	4.	\$	1,328.70	\$_	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	168.90	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$_	N/A	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ \$	0.00	\$_ \$	N/A N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$_	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h. +	\$	0.00	+ \$ _	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	168.90	\$_	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,159.80	\$_	N/A	
8.	8b. 8c.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8a. 8b.	\$_	0.00	\$_ \$_	N/A N/A	
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$_	N/A	
	8e.	Social Security	8e.	\$	0.00	\$_	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: Rent-1st Floor/Corona property	8h.+		,	+ \$_	N/A	
		Rent-2nd Floor/Corona property Add'l debtor employment income appx \$250/week	_	\$ \$	1,700.00	\$_ \$	N/A N/A	
		Add I debtor employment income appx \$250/week	_	Ψ.	1,075.00	Ψ_	IN/A	7
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4,410.00	\$_	N/A	
10.		rulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,569.80 + \$_		N/A = \$	5,569.80
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a brother's monthly contribution-lives at property	depen		•			1,000.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					e. 12. \$	6,569.80
							Combin	ed / income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					,
	■	No. Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	our case:					
Deb	otor 1	Manuel D. E	stevez			Che	ck if this is:	
	otor 2							wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bankru	uptcy Court for the	EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / YYYY	
l	se number nown)							
O	fficial Fo	rm 106J						
		J: Your						12/15
info	ormation. If me	and accurate as ore space is ne n). Answer eve	eded, atta	. If two married people ar ch another sheet to this n.	e filing together, be form. On the top of	oth are equ any additi	ually responsible fo onal pages, write y	or supplying correct your name and case
Par	t 1: Descri	ibe Your House	ehold					
1.	Is this a join	t case?						
	No. Go to							
	_		in a separ	ate household?				
	□ No		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Deb	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents r	names.						☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	:han _	No Yes				_,,,,
Par	t 2: Estima	ate Your Ongoi	ina Monthl	v Expenses				
Est exp	imate your ex	penses as of y	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
the	lude expenses value of such ficial Form 10	n assistance an	non-cash nd have inc	government assistance i cluded it on <i>Schedule I:</i>)	f you know our Income		Your exp	enses
(0.		01. /				_		
4.		r home owners d any rent for th		ses for your residence. In lot.	nclude first mortgage	4.	\$	3,352.70
	If not include	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's				4b.		0.00
				ıpkeep expenses		4c.		120.00
5.		owner's associa		dominium dues our residence, such as ho	me equity loans	4d. 5.	·	0.00

Debtor 1 Ma	nuel D. Estevez	Case num	ber (if known)	
4 4			_	
. Utilities: 6a. Ele	ctricity, heat, natural gas	6a.	\$	350.00
	ter, sewer, garbage collection	6b.	· ·	0.00
			·	
	ephone, cell phone, Internet, satellite, and cable services	6c.	·	185.00
	ner. Specify:	6d.	·	0.00
	d housekeeping supplies	7.	\$	550.00
Childcar	e and children's education costs	8.	\$	0.00
Clothing	, laundry, and dry cleaning	9.	\$	65.00
Personal	care products and services	10.	\$	125.00
1. Medical a	and dental expenses	11.	\$	120.00
•	rtation. Include gas, maintenance, bus or train fare.	12.	\$	75.00
	clude car payments.			
	ment, clubs, recreation, newspapers, magazines, and books	13.		0.00
	le contributions and religious donations	14.	\$	0.00
5. Insuranc				
	clude insurance deducted from your pay or included in lines 4 or 20.	45-	•	
	e insurance	15a.		0.00
	alth insurance	15b.	·	0.00
	hicle insurance	15c.	*	0.00
15d. Oth	ner insurance. Specify:	15d.	\$	0.00
6. Taxes. D	o not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	ent or lease payments:	47-	•	
	r payments for Vehicle 1	17a.	·	0.00
	r payments for Vehicle 2	17b.	\$	0.00
	ner. Specify:	17c.	*	0.00
	ner. Specify:	17d.	\$	0.00
	ments of alimony, maintenance, and support that you did not report I from your pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
	yments you make to support others who do not live with you.	1).	\$	0.00
Specify:	yments you make to support others who do not live with you.	19.	Ψ	0.00
	al property expenses not included in lines 4 or 5 of this form or on Sc		ur Income	
	rtgages on other property	20a.		0.00
	al estate taxes	20b.	·	0.00
		20b. 20c.	·	
	pperty, homeowner's, or renter's insurance		·	0.00
	intenance, repair, and upkeep expenses	20d.		0.00
	meowner's association or condominium dues	20e.	·	0.00
1. Other: Sp	pecify:	21.	+\$	0.00
2. Calculate	e your monthly expenses			
	lines 4 through 21.		\$	4,942.70
	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2	\$.,
		_	·	4.040.70
	line 22a and 22b. The result is your monthly expenses.		\$	4,942.70
3. Calculate	your monthly net income.			
23a. Co	py line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,569.80
23b. Co	py your monthly expenses from line 22c above.	23b.	-\$	4,942.70
	otract your monthly expenses from your monthly income.	23c.	\$	1,627.10
in	e result is your monthly net income.	200.	<u> </u>	.,0=0
4. Do you e	xpect an increase or decrease in your expenses within the year after	you file this	form?	
For examp	le, do you expect to finish paying for your car loan within the year or do you expect y			e or decrease because of a
	n to the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			

Fill in this info	rmation to identify your	case:			
Debtor 1	Manuel D. Esteve	z			
Dalatano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					Check if this is an amended filing
	<u>rm 106Dec</u>		_		
Declara	ition About a	n Individual	Debtor's Scl	hedules	12/15
	gn Below pay or agree to pay some	one who is NOT an attori	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	l with this declaration	and
X /s/ Ma	anuel D. Estevez		X		
	ture of Debtor 1		Signature of D	Debtor 2	
Date	April 8, 2016		Date		
,					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill in t	his information to identify you	ir case:			
Debtor					
Deptoi	First Name	Middle Name	Last Name		
Debtor : (Spouse if		Middle Name	Last Name		
United S	States Bankruptcy Court for the	: EASTERN DISTRICT OF	NEW YORK		
_					
(if known)					Check if this is an
				a	mended filing
Ott: -	:al Farma 407				
	ial Form 107 ement of Financial	Affaire for Individ	duals Eiling for B	onkruntov	4/1
informa	omplete and accurate as possition. If more space is needed (if known). Answer every que	l, attach a separate sheet to	this form. On the top of an		
	nat is your current marital stat				
_	•				
	Married Not married				
2. Dui	ring the last 3 years, have you	Llived anywhere other than	whore you live new?		
2. Dui		Tilved anywhere other than t	where you live now?		
	No	lived in the last 2 years. Do no	at include where you live new	,	
_		lived in the last 3 years. Do no	·		
De	ebtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
_	5 W. 184st Street ronx, NY 10468	From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	thin the last 8 years, did you end territories include Arizona, Cannot be a sure you fill out Sometimes. Make sure you fill out Sometimes.	alifornia, Idaho, Louisiana, Ner chedule H: Your Codebtors (Of	vada, New Mexico, Puerto R		
Fill	I you have any income from e in the total amount of income you are filing a joint case and you	ou received from all jobs and a	all businesses, including part	-time activities.	ndar years?
	No				
	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	anuary 1 of current year until e you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,650.45	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Manuel D. Estevez C						ase number (if known)			
				Debtor 1		Debtor 2			
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2015)		■ Wages, commissions, bonuses, tips	\$14,100.00	☐ Wages, com bonuses, tips	missions,				
				☐ Operating a business		Operating a	business		
For the calendar year before that: (January 1 to December 31, 2014)		■ Wages, commissions, bonuses, tips	\$14,080.00	☐ Wages, com bonuses, tips	missions,				
		☐ Operating a business	☐ Operating a business						
	■ No		3	ome from each source separat	ely. Do not include income tl	nat you listed in lin	e 4.		
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)	
Part	3: L	ist Certain Pa	yments You	Made Before You Filed for E	Bankruptcy				
	Are eith □ No	During the No. Yes * Subject	ebtor 1 nor E orimarily for a 90 days befo Go to line 7 List below e paid that cr not include to adjustmen	Ps debts primarily consumer bettor 2 has primarily consumer personal, family, or household pre you filed for bankruptcy, did to each creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years or both have primarily consumers.	mer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$6,425* or more i ts for domestic support oblighis bankruptcy case. Is after that for cases filed on	l of \$6,425* or moi n one or more pay ations, such as ch	re? ments and the	ne total amount you nd alimony. Also, do	
	0	During the		re you filed for bankruptcy, did		l of \$600 or more?			
		■ No.	Go to line 7						
		□ _{Yes}	include pay	each creditor to whom you paid ments for domestic support ob this bankruptcy case.					
	Credite	or's Name and	d Address	Dates of paymen	nt Total amount paid	Amount you still owe	Was this p	ayment for	

De	btor 1 Manuel D. Estevez	Case number (if known)					
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any ge control, or owner of 20%	neral partners; partners or more of their votin	erships of which yog g securities; and a	u are a genera ny managing a	ll partner; corporations gent, including one for	
	No☐ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		yments or transfer a	any property on a	ccount of a de	ebt that benefited an	
	■ No □ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
Da	rt 4: Identify Legal Actions, Repossession	ns and Foreclosures	Para				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of th	e case	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. ☐ Yes. Fill in the information below.		perty repossessed, f	oreclosed, garnis	shed, attached	l, seized, or levied?	
	Creditor Name and Address	Describe the Property		Date		Value of the property	
		Explain what happene	ed			p. sps. sy	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details.		cluding a bank or fil	nancial institutior	ı, set off any a	mounts from your	
	Creditor Name and Address	Describe the action th	e creditor took	Date taker	action was	Amount	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		perty in the possess			fit of creditors, a	
	■ No						
	☐ Yes						
Pa	rt 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup No	tcy, did you give any gif	ts with a total value	of more than \$60	0 per person?	•	
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	Describe the gifts	S		Dates you gave Value		
	per person Person to Whom You Gave the Gift and Address:			the g	IITS		

Official Form 107

Deb	otor 1 Manuel D. Estevez			Case number	[if known)						
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co			ns with a tota	I value of more than	\$600 to any charity?					
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal	Describe what you contributed		Dates you contributed	Value					
Part	t 6: List Certain Losses										
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?										
	■ No □ Yes. Fill in the details.										
	how the loss occurred	nclude	be any insurance coverage for the lot the amount that insurance has paid. L ce claims on line 33 of Schedule A/B:	Date of your loss	Value of property lost						
Por	t 7: List Certain Payments or Transfers										
-	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or prediction prediction.	reparir	ng a bankruptcy petition?	. ,	,, ,	ty to anyone you					
	□ No■ Yes. Fill in the details.										
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred		Date payment or transfer was made	Amount of payment					
	Amy Berkowitz-Ortiz, Esq. 1225 Franklin Avenue, Ste. 325 Garden City, NY 11530		\$2810.00	4/2/16	\$2,810.00						
	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y No Yes. Fill in the details.	tors o	to make payments to your creditor		r transfer any prope	ty to anyone who					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment					
	Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alrest No Yes. Fill in the details.	busin made a	ess or financial affairs? as security (such as the granting of a se								
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made					

Debtor 1 Case number (if known) Manuel D. Estevez 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο ☐ Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Describe the contents Name of Storage Facility Who else has or had access Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Manuel D. Estevez

Case number (if known)

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	■ No □ Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
		No Yes. Fill in the details.						
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case		
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business					
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the voting						
	■ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
		siness Name	Describe the nature of the business		Employer Identification number			
	Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper	ne of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed		
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
		No Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)							

Debtor 1 Manuel D. Estevez	Case number (if known)	
Part 12: Sign Below		
are true and correct. I understand th	ement of Financial Affairs and any attachments, and I declare under penalty of per at making a false statement, concealing property, or obtaining money or property fines up to \$250,000, or imprisonment for up to 20 years, or both. '1.	
/s/ Manuel D. Estevez		
Manuel D. Estevez Signature of Debtor 1	Signature of Debtor 2	
Date April 8, 2016	Date	
Did you attach additional pages to Y	our Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Fo	orm 107)?
■ No		
□Yes		
Did you pay or agree to pay someon	e who is not an attorney to help you fill out bankruptcy forms?	
■ No		
☐ Yes. Name of Person Attac	n the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 1	19).

Fill in this information to identify your case:					
Debtor 1	Manuel D. Estevez				
Debtor 2 (Spouse, if filing)					
United States B	ankruptcy Court for the:	Eastern District of New York			
Case number (if known)					

Check as directed in lines 17 and 21:					
	According to the calculations required by this Statement:				
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one only.							
	Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.								
					Colur Debte		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (before all	\$	5,738.70	\$	
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			a spouse if	\$	0.00	\$	
	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.				\$	0.00	\$	
	Net income from operating a business, profession, or farm	Debtor	-					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor						
	Gross receipts (before all deductions)	\$_	0.00					
	Ordinary and necessary operating expenses	-\$	0.00		_	0.00	•	
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

						Column A Debtor 1		Column B Debtor 2 o non-filing		
7.	Interes	st, dividends, and royalties				\$	0.00	\$		
8.	Unem	ployment compensation				\$	0.00	\$		
		enter the amount if you contend that the cial Security Act. Instead, list it here:		vas a benefit u	nder					
	For	you	\$ \$	0.00	_					
		your spouse			_					
	benefit	on or retirement income. Do not include under the Social Security Act.				\$	0.00	\$		
10.	Do not receive	e from all other sources not listed ab include any benefits received under the ed as a victim of a war crime, a crime ac tic terrorism. If necessary, list other social elow.	e Social Security Act gainst humanity, or ir	or payments nternational or						
					_	\$	0.00	\$		
					_	\$	0.00	\$		
		Total amounts from separate pages,	if any.		+	\$	0.00	\$		
11.	Calcul each c	ate your total average monthly incor olumn. Then add the total for Column A	ne. Add lines 2 throu A to the total for Colu	gh 10 for mn B.		5,738.70	+ _		=[\$	5,738.70
				L] [Tot	al average
art	2.	Determine How to Measure Your De	dustions from Inco						mo	nthly income
12. 13.	Copy Calcul	your total average monthly income fr ate the marital adjustment. Check on	om line 11. e:						\$	5,738.70
	■ Y	ou are not married. Fill in 0 below.								
	□ Y	ou are married and your spouse is filing	g with you. Fill in 0 be	elow.						
		ou are married and your spouse is not	0 ,							
		ill in the amount of the income listed in ependents, such as payment of the spo								
		elow, specify the basis for excluding thi djustments on a separate page.	s income and the am	nount of incom	e dev	oted to each	purpose	e. If necessary	, list addit	ional
	lf	this adjustment does not apply, enter 0	below.		•					
					⊅ •		_			
					Ψ \$		_			
					Ψ <u> </u>					
		Total		\$		0.00	<u> </u>	opy here=>		0.00
14.	Your	current monthly income. Subtract lir	ne 13 from line 12.						\$	5,738.70
15.	Calc	ulate your current monthly income fo	r the year. Follow th	nese steps:						
		Canulina 11 hara-								
	15a.	Copy line 14 here=>							\$	5,738.70
	15a.	Multiply line 15a by 12 (the number of							\$X 1	

Manuel D. Estevez

Debtor 1

16. Calculate the median family income that applies to you. Follow these steps:		
16a. Fill in the state in which you live.		
16b. Fill in the number of people in your household.		
16a Fill in the modion family income for your state and size of household	Φ.	62,451.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	\$_	02,431.00
17. How do the lines compare?		
17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form		
17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is deterr</i> 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). O your current monthly income from line 14 above.		
Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)		
18. Copy your total average monthly income from line 11 .	\$	5,738.70
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.		
19a. If the marital adjustment does not apply, fill in 0 on line 19a.	-\$	0.00
19b. Subtract line 19a from line 18.	\$	5,738.70
20. Calculate your current monthly income for the year. Follow these steps:		
20a. Copy line 19b	\$_	5,738.70
Multiply by 12 (the number of months in a year).)	(12
20b. The result is your current monthly income for the year for this part of the form	\$_	68,864.40
20c. Copy the median family income for your state and size of household from line 16c	\$_	62,451.00
21. How do the lines compare?		
☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check period is 3 years. Go to Part 4.	box 3,	The commitment
■ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this commitment period is 5 years. Go to Part 4.	form, cl	neck box 4, The
Part 4: Sign Below		
By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true	and cor	rect.
X /s/ Manuel D. Estevez		
Manuel D. Estevez		
Signature of Debtor 1		
Date April 8, 2016 MM / DD / YYYY		
If you checked 17a, do NOT fill out or file Form 122C-2.		
If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly inco	me fron	n line 14 above

Fill in	this information to	identify your cas	e:					
Debtor	1 Manuel I	D. Estevez						
Debtor (Spous	e, if filing)							
United	States Bankruptcy	Court for the: Eas	stern District of Nev	w York				
Case r (if knov	number wn)				☐ Che	ck if this is	an amended	filing
	Form 122C-2 pter 13 Cal	culation o	f Your Dis	posable lı	ncome			04/16
	out this form, you w			hapter 13 Stateme	ent of Your Current Month	ly Income a	nd Calculation	n of
pace i		separate sheet to	this form, Include	e the line number	ther, both are equally res to which additional infor			
Part 1:	Calculate You	ır Deductions from	n Your Income					
the		6-15. To find the IF	RS standards, go	online using the I	or certain expense amoun link specified in the separ			
expe	enses if they are hig	her than the standa	ırds. Do not include	e any operating exp	ense. In later parts of the for benses that you subtracted s income in line 13 of Form	from income		
If yo	ur expenses differ fr	om month to month	n, enter the averag	e expense.				
Note	e: Line numbers 1-4	are not used in this	form. These numb	bers apply to inform	nation required by a similar	form used in	chapter 7 cas	es.
5.	The number of pe	ople used in deter	rmining your dedu	uctions from inco	me			
		any additional depe	endents whom you		ederal income tax return, aber may be different from		2	
Nati	onal Standards	You must us	e the IRS National	Standards to answ	ver the questions in lines 6-	7.		
6.		nd other items: Usi e dollar amount for			I in line 5 and the IRS Natio	onal	\$	1,092.00
7.	the dollar amount for people who are 65	or out-of-pocket hea	alth care. The num older people have a	ber of people is sp a higher IRS allowa	ntered in line 5 and the IRS lit into two categoriespeop ance for health car costs. If 22.	ole who are u	nder 65 and	

Official Form 22C-2

Debtor 1	_N	Manuel D. Estevez			Case number (if known)		
Peo	ple v	who are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	60				
	7b.	Number of people who are under 65	X	2				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	120.00	Copy here	=> \$	120.00	
Peo	ple v	who are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	144				
	7e.	Number of people who are 65 or older	Χ	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here	=> \$	0.00	
	7g.	Total. Add line 7c and line 7f		\$	120.00	Copy to	otal here=>	\$120.00
Loc	al St	andards You must use the IRS Local Standards to	o answe	r the question	s in lines 8-15.			
		n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts:	ıram ha	s divided the	IRS Local Standa	rd for housi	ng for	
_	•	ing and utilities - Insurance and operating expen	ses					
■⊦	lous	ing and utilities - Mortgage or rent expenses						
	arate Hou	rer the questions in lines 8-9, use the U.S. Truster e instructions for this form. This chart may also b using and utilities - Insurance and operating expe- ne dollar amount listed for your county for insurance a	e availa enses: L	ible at the bai Jsing the numl	nkruptcy clerk's o ber of people you e	ffice.		pecified in the
9.		using and utilities - Mortgage or rent expenses:	aa opo	.ag oxpone			_	
	9a.	Using the number of people you entered in line 5, fillisted for your county for mortgage or rent expenses		dollar amount		\$1,	975.00	
	9b.	Total average monthly payment for all mortgages a	nd othe	r debts secure	ed by your home.			
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.	ld all am	nounts that are	• •			
		Name of the creditor		verage mont ayment	hly			
		Bayview Loan Servicing LLC	\$	3,35	2.70			
		Chase Home Mortgage	\$	1,89	9.38			
		9b. Total average monthly paymen	st \$	5,25	2.08 Copy	-\$	5,252.08	Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.					_	
		Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent		9a (<i>mortgage</i>	\$	0.00	Copy here=>	\$0.00_
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill				g is incorrect	and	\$
	Ex	plain why:						

Debtor 1	Manuel D. Estevez		Case number (if known)
11.	Local transportation expenses: Check the number of vehi	cles for which you clain	m an ownership or operating expense.
	□ 0. Go to line 14.		
	☐ 1. Go to line 12.		
	☐ 2 or more. Go to line 12.		
12.	Vehicle operation expense: Using the IRS Local Standard		
40	operating expenses, fill in the <i>Operating Costs</i> that apply for	,	in metropolitari statistical area.
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.		
Vel	hicle 1 Describe Vehicle 1:		
13a.	Ownership or leasing costs using IRS Local Standard		\$
13b.	Average monthly payment for all debts secured by Vehicle 1		
	Do not include costs for leased vehicles.		
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		that
	Name of each creditor for Vehicle 1	Average monthly payment	
		\$	
	Total Average Monthly Payment	\$	Copy here => -\$ 0.00 Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense		Copy net
	Subtract line 13b from line 13a. if this number is less than \$0), enter \$0	\$\$ 0.00 Vehicle 1 expense here => \$0.00
Vel	hicle 2 Describe Vehicle 2:		
13d.	Ownership or leasing costs using IRS Local Standard		\$ 0.00
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	2. Do not include costs	for
	Name of each creditor for Vehicle 2	Average monthly payment	
		\$	_
			Copy Repeat this here amount on line
	Total average monthly payment	\$	=> -\$
13f.	Net Vehicle 2 ownership or lease expense		Copy net
	Subtract line 13e from line 13d. if this number is less than \$0), enter \$0	\$ 0.00 Vehicle 2 expense here > \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of		
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in vent claim more than the IRS Local Standard for Public Transport	vhat you believe is the	

Case number (if known)

Other	Necessary Expenses	In addition to the expense the following IRS categories		is listed above,	you are allowed your monthly expe	nses for	
s y	Faxes: The total monthly a self-employment taxes, so your pay for these taxes. He and subtract that number from the self-end self-end subtract that number from the self-end self-en	rom					
	Oo not include real estate,	\$	0.00				
	nvoluntary deductions: 7	•	0.00				
	Do not include amounts that	at are not required by your jo	b, such a	s voluntary 40	1(k) contributions or payroll savings	. \$	0.00
fi C	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						
		The total monthly amount t			by the order of a court or		
	• •	n as spousal or child suppor n past due obligations for sp			ou will list these obligations in line	35. \$	0.00
		hly amount that you pay for	educatior	that is either r	equired:		
_	as a condition for your jo						
	for your physically or me	entally challenged depender	nt child if r	no public educa	ation is available for similar services	s. \$	0.00
		aly amount that you pay for our any elementary or second		•	itting, daycare, nursery, and presch	ool. \$	0.00
					amount that you pay for health care		
b	that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.						0.00
	•	· ·		•	ou pay for telecommunication servi		
fo p	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.						
					vice. Do not include self-employme	nt + \$	0.00
е	expenses, such as those re	eported on line 5 of Official R	orm 1220	ارے-۱, or any amo	ount you previously deducted.		
	Add all of the expenses a	llowed under the IRS expe	ense allo	wances.		\$1	1,912.00
Additi	ional Expense Deduction	Note: Do not include					
ir					ses. The monthly expenses for hea y necessary for yourself, your spou		
ŀ	lealth insurance		\$	0.00			
	Disability insurance		\$	0.00			
F	Health savings account		+ \$	0.00			
Т	⁻ otal		\$	0.00	Copy total here=>	\$	0.00
					J		
_	Do you actually spend this						
_	No. How much do y	ou actually spend?	•				
_	Yes		\$				
					e actual monthly expenses that you was chronically ill, or disabled member		
					uch expenses. These expenses ma	V	
		account of a qualified ABLE				\$	0.00
					nses that you incur to maintain the es Act or other federal laws that app	•	0.00
E	By law, the court must keep	the nature of these expens	es confid	lential.		\$	0.00

Manuel D. Estevez

Debtor 1

btor 1	Manuel D. Estevez	Ca	ise number (if known)			
	Additional home energy costs. Your homine 8.	ne energy costs are included in your insurance	e and operating	expenses o	n	
	If you believe that you have home energy on the fill in the excess amount of home ended.	costs that are more than the home energy connergy costs	sts included in e	xpenses on	line	
	You must give your case trustee document amount claimed is reasonable and necess	ation of your actual expenses, and you must ary.	show that the a	dditional	\$	0.0
		dren who are younger than 18. The monthly ependent children who are younger than 18 y			or	
	You must give your case trustee document claimed is reasonable and necessary and it	ation of your actual expenses, and you must not already accounted for in lines 6-23.	explain why the	amount		
	* Subject to adjustment on 4/01/19, and ev	ery 3 years after that for cases begun on or a	ifter the date of a	adjustment.	\$	0.0
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	The monthly amount by which your actual foog allowances in the IRS National Standards. Is in the IRS National Standards.	d and clothing e That amount car	xpenses are nnot be more)	
		tional allowance, go online using the link spe so be available at the bankruptcy clerk's offic		arate		
	You must show that the additional amount	claimed is reasonable and necessary.			\$	0.0
	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).					
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.0
	Add all of the additional expense deduc Add lines 25 through 31.	tions.			\$	0.00
Dedu	ctions for Debt Payment					
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home 33a through 33e.	mortgages, ve	hicle		
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	nent, add all amounts that are contractually dinkruptcy. Then divide by 60.	ue to each secui	red		
	Mortgages on your home				Average payment	
33a.	Copy line 9b here			=>		5,252.08
	Loans on your first two vehicles					
33b.	Copy line 13b here			=>	\$	0.00
33c.	0 " 10 1				- \$	0.00
33d.	List other secured debts:					
	e of each creditor for other secured debt	Identify property that secures the debt	inc	es payment lude taxes insurance?		
				No		
	-NONE-			Yes	\$	
					·	
				No		
				Yes	\$	
				No		
				Yes +	\$	
				to	opy tal	F 050 00
33e	Total average monthly payment. Add lines	s 33a through 33d	\$5,25	52.08 he	ere=> \$	5,252.08

ebtor 1	Man	uel D. Estevez			Cas	e nur	mber (if known)			
		debts that you listed in lir property necessary for yo				€,				
	l No.	Go to line 35.								
	Yes.	State any amount that you listed in line 33, to keep polynest, divide by 60 and fill	ossession of your property							
Name	e of the	creditor	Identify property that sec	ures the deb	t	Tot	al cure amount		Monthly amount	
Bay	view I	Loan Servicing LLC	3460 111th Street C	orona, NY	11368 \$		65,000.00			1,083.33
					\$					
			· -			_		÷ 60 = +9		
					Total	\$_	1,083.33	Copy total here=	æ	1,083.33
-	No.	Fill in the total amount of a	all of these priority claims. [Do not includ						
			ich as those you listed in lir			•			_	
		lotal amount of all past-	due priority claims				0.00	-) \$_	0.00
36. P r	ojecte	d monthly Chapter 13 pla	n payment			\$_		-		
Of the To	fice of e Exec find a li	nultiplier for your district as the United States Courts (foutive Office for United State ist of district multipliers that incl nstructions for this form. This lie	or districts in Alabama and es Trustees (for all other dis ludes your district, go online us	North Carol stricts). ing the link sp	ina) or by ecified in the	x _		2		
Av	/erage	monthly administrative exp	ense			;	\$	Copy to here=>		
		of the deductions for dea es 33e through 36.	ot payment.						\$	6,335.41
Total	Deduc	tions from Income								
38. Ac	dd all d	of the allowed deductions								
		ne 24, All of the expenses a e allowances		\$	1,912.00)				
		ne 32, All of the additional e			0.00)_				
C	Copy lir	ne 37, All of the deductions	for debt payment	+\$	6,335.41		1			
т	otal de	eductions		\$	8,247.41	l	Copy total here=>	•	\$	8,247.41

ebtor 1 N	Manuel D. Est	evez		Case	e numb	per (if known)		
Part 2:	Determine Yo	ur Disposable Income Under 11	U.S.C. § 1325(b)	(2)				
		rent monthly income from line Current Monthly Income and Ca					\$	5,738.70
child disab recei	dren. The month cility payments f ived in accordar	bly necessary income you receinly average of any child support por a dependent child, reported in nee with applicable nonbankruptcy ended for such child.	ayments, foster ca Part I of Form 122	are payments, or 2C-1, that you	\$	0	.00	
empl in 11	loyer withheld fr	retirement deductions. The monom wages as contributions for quint(7) plus all required repayments 2. § 362(b)(19).	alified retirement p	olans, as specified	\$	0	.00	
42. Total	l of all deduction	ons allowed under 11 U.S.C. § 7	07(b)(2)(A). Copy	line 38 here=>	• \$	8,247	.41	
expe their	enses and you h expenses. You	ial circumstances. If special circave no reasonable alternative, de must give your case trustee a delocumentation for the expenses.	scribe the special	circumstances and	d			
Describe	e the special ci	rcumstances		Amount of expe	nse			
_								
_				.				
_				\$				
			Total \$_	0.00	Cop	oy e=> \$	0.00	
44. Tota	l adjustments.	Add lines 40 through 43.		=>	S	8,247.41	Copy here=> -\$	8,247.41
45. Calc Part 3:		nthly disposable income under	§ 1325(b)(2). Sub	tract line 44 from li	ne 39	Э.	\$	-2,508.71
have time you f	changed or are your case will b filed your petition	or expenses. If the income in Fore virtually certain to change after the open, fill in the information below, check 122C-1 in the first column in when the increase occurred, a	he date you filed y w. For example, if n, enter line 2 in th	your bankruptcy per the wages reporte he second column,	tition d inc	and during the reased after		
Form	Line	Reason for change		Date of change		Increase or decrease?	Amount of o	hange
☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C-	2 1 1 1				_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Decrease ☐ Decrease ☐ Decrease	\$ \$ \$	

Case 1-16-41504-nhl Doc 1 Filed 04/08/16 Entered 04/08/16 17:09:57

Debtor 1	Manuel D. Estevez	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that t	he information on this statement and in any attachments is true and correct.
Х	/s/ Manuel D. Estevez	
	Manuel D. Estevez Signature of Debtor 1	
Date	April 8, 2016 MM / DD / YYYY	

Official Form 122C-2

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2015 to 03/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: additional salary

Income by Month:

6 Months Ago:	10/2015	\$1,075.00
5 Months Ago:	11/2015	\$1,075.00
4 Months Ago:	12/2015	\$1,075.00
3 Months Ago:	01/2016	\$1,075.00
2 Months Ago:	02/2016	\$1,075.00
Last Month:	03/2016	\$1,075.00
	Average per month:	\$1,075.00

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: employment

Income by Month:

6 Months Ago:	10/2015	\$1,328.70
5 Months Ago:	11/2015	\$1,328.70
4 Months Ago:	12/2015	\$1,328.70
3 Months Ago:	01/2016	\$1,328.70
2 Months Ago:	02/2016	\$1,328.70
Last Month:	03/2016	\$1,328.70
	Average per month:	\$1,328.70

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: rental income

Income by Month:

6 Months Ago:	10/2015	\$3,335.00
5 Months Ago:	11/2015	\$3,335.00
4 Months Ago:	12/2015	\$3,335.00
3 Months Ago:	01/2016	\$3,335.00
2 Months Ago:	02/2016	\$3,335.00
Last Month:	03/2016	\$3,335.00
	Average per month:	\$3,335.00

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re	Manuel D. Estevez		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR DE	CBTOR(S)
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	o), I certify that I am the attor of the petition in bankruptcy	ney for the above name, or agreed to be paid	ned debtor(s) and that to me, for services rendered or to
	For legal services, I have agreed to accept		s	0.00
	Prior to the filing of this statement I have received		\$ <u></u>	0.00
	Balance Due		\$	0.00
2. \$	0.00 of the filing fee has been paid.			
3. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5. I	I have not agreed to share the above-disclosed comper	nsation with any other person	unless they are meml	pers and associates of my law firm.
[☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
6. I	n return for the above-disclosed fee, I have agreed to rend	der legal service for all aspec	ts of the bankruptcy c	ase, including:
b c	Analysis of the debtor's financial situation, and renderi Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors [Other provisions as needed] See Retainer Agreement	nent of affairs and plan which	h may be required;	
7. B	y agreement with the debtor(s), the above-disclosed fee of \$299.00 filing fee \$100 Credit Counseling fee See Retainer Agreement	does not include the followin	g service:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	agreement or arrangement fo	r payment to me for re	epresentation of the debtor(s) in
Aŗ	oril 8, 2016	/s/ Amy Berkowi		
Do		1225 Franklin Av Suite 325 Garden City, NY 516-791-1177 Fa aboesq@optonli	ey Ortiz, Attorney at L venue 11530 ax: 516-791-1142	aw
		Name of law firm		

United States Bankruptcy Court Eastern District of New York

In re	Manuel D. Estevez		Case No.	
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

516-791-1177 Fax: 516-791-1142

USBC-44 Rev. 9/17/98

Internal Revenue Service 10 Metrotech Center 625 Fulton Street Brooklyn, NY 11201

NYS Dept of Taxation and Finance Bankruptcy Unit PO Box 5300 Albany, NY 12205

NYS Dept of Taxation and Finance Bankruptcy Unit PO Box 5300 Albany, NY 12205

United States Attorney Attn Chief of Bankruptcy Litigation One Pierrepont Plaza 14th Floor Brooklyn, NY 11201

U.S. Dept. of Justice, Tax Division Box 55 Ben Franklin Station Washington, DC 20044

State of New York Office of the Attorney General 120 Broadway New York, NY 10271

Internal Revenue Service 10 Metrotech Center 625 Fulton Street Brooklyn, NY 11201

Bayview Loan Servicing LLC 62516 Collection Center Drive Chicago, IL 60693

Chase PO Box 15153 Wilmington, DE 19886 Chase Home Mortgage PO Box 24696 Columbus, OH 43224

Radiology Associates of Main Street 5645 Main Street Flushing, NY 11355

Case 1-16-41504-nhl Doc 1 Filed 04/08/16 Entered 04/08/16 17:09:57

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S):	Manuel D. Estevez	CASE NO.:.
		(b), the debtor (or any other petitioner) hereby makes the following disclosure lowledge, information and belief:
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years before thes; (iii) are affiliates, as defined or more of its general partners;	purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ne filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ither of the Related Cases had, an interest in property that was or is included in the]
■ NO RELATED	CASE IS PENDING OR HAS E	BEEN PENDING AT ANY TIME.
☐ THE FOLLOW!	ING RELATED CASE(S) IS PE	ENDING OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTRICT	C/DIVISION:
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:
CURRENT STATI	US OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (I	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT	C/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:
CURRENT STATE	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (A	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT	C/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	s who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S AT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Y	Tork (Y/N):Y
I certify under penalty of perjury that the within bankrupto as indicated elsewhere on this form. /s/ Amy Berkowitz-Ortiz	cy case is not related to any case now pending or pending at any time, except
Amy Berkowitz-Ortiz Signature of Debtor's Attorney Amy Berkowitz-Ortiz, Attorney at Law 1225 Franklin Avenue	Signature of Pro Se Debtor/Petitioner
Suite 325 Garden City, NY 11530 516-791-1177 Fax:516-791-1142	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17
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